Sworn Financial Statements and Certification of Revenues \$75,000 or Less

| Entity Name: _THE MINDEN FOUNI | DATION, INC. | | |
|---|---------------------------|------------------------------|--------------------------------------|
| Address: P.O. BOX 1178, MINDEN, I | LA 71058-1178 | | |
| Telephone: <u>318-377-0395</u> | Email: | andy@meriweath | er.com_ |
| This annual sworn financial statement is the end of the entity's fiscal year by send 3986, or mailing to Louisiana Legislati Rouge, LA 70804-9397. | ling a pdf copy by | email to <u>ereports@lld</u> | <u>a.la.gov</u> , faxing to 225-339- |
| | AFFIDAV | IT | |
| Personally came and appeared before the | undersigned auth | ority, <u>ANDY PEND</u> | ERGRASS |
| (officer's name), who, duly sworn, depe | oses and says that | the financial stateme | ents herewith given present |
| fairly, in all material respects, the finance | cial position of <u>T</u> | HE MINDEN FOUN | IDATION, INC. |
| (entity's name) as of <u>DECEMBER 31, 2</u> | <u>2021</u> (entity's y | ear-end) and the resu | lts of operations for the year |
| then ended, in accordance with the ba | usis of accounting | g described within the | he accompanying financial |
| statements; that the entity has maintained | l a system of inter | nal control structure s | ufficient to safeguard assets |
| and comply with laws and regulations; an | nd that the entity h | as complied with all l | laws and regulations, except |
| as follows: | | | |
| Complete if Applicable: In addition, | ANDY PENDI | ERGRASS | _ (officer's |
| name), who duly sworn, deposes, and | _ | | |
| name) received \$75,000 or less in rev | | | |
| | | - | ed to have an audit for the |
| previously mentioned fiscal year. | ,, | 3 3 3 3 3 3 3 3 3 3 | |
| | | | |
| 2/2/2 | | | , |
| OFFICER'S SIGNATURE | <u> </u> | OFFICER'S TITI | LE |
| ' | | | |
| Sworn to and subscribed before me, this | ayth day of | March | , 20 <u>22</u> |
| avon Hundwern Ha | 57295 | 111/2 | |
| MOTARY BURLIC SIGNATURE & SE | AT | | |

Please submit a pdf copy of the completed form to: ereports@lla.la.gov - Updated 01/22

Sworn Financial Statements and Certification of Revenues \$75,000 or Less

Entity Name: THE MINDEN FOUNDATION, INC. Fiscal Year End: DECEMBER 31, 2021

Statement of Receipts and Disbursements

Statement A

| | General Fund | Other Fund | | Total | |
|--|-----------------|---------------|--------------|-----------|--------------|
| RECEIPTS (Provide Brief Description): | | | | | |
| Grant income – Webster Parish Convention & Visitor's Commission | \$ | \$ | 2,000 | \$ | 2,000 |
| 2. | | | | | |
| 3. | | _ | | | |
| 3. 4. | | | | | |
| 5. | | | | | |
| 6. Total receipts (add lines 1 - 5) | \$ | \$ | 2,000 | \$ | 2,000 |
| DISBURSEMENTS (Provide Brief Description): 7. Advertising 8. Refund of unused grant income – Webster Parish Convention & Visitor's Commission 9. 10. | \$ | \$ | 1,157 843 | \$ | 1,157 843 |
| 12. | | | | | |
| 13. Total Disbursements (add lines 7 - 12) | \$ | _ \$ | 2,000 | <u>\$</u> | 2,000 |
| 14. Change in fund balance (Lines 6 minus 13) | \$ | \$ | 0 | \$ | 0 |
| 15. Fund Balance at beginning of year | \$ | \$ | 0 | \$ | 0 |
| 16. Fund balance (deficit) at end of year (Add lines 14-15) | | | | | |
| This amount also goes on line 12, Statement B | \$ | \$ | 0 | \$ | 0 |

Identify the Basis of Accounting, if not using Cash-Basis:

NOTE: If the entity receives any funds from pre- or post-adjudication court costs, fines, and/or fees, the entity must use one or more of the following categories in the receipts description fields: Civil Fees; Bond Fees; Asset Forfeiture/Sale; Pre-Trial Diversion Program; Criminal Court Costs/Fees; Criminal Contempt Fines; Other Criminal Fines; Restitution; and Probation/Parole/Supervision Fees.

Sworn Financial Statements and Certification of Revenues \$75,000 or Less

Entity Name: THE MINDEN FOUNDATION, INC. Fiscal Year End: DECEMBER 31, 2021

Statement C

Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name and Title: Andy Pendergrass, President

| Purpose | Dollar Amount | | |
|---|---------------|--|--|
| 1. Salary | 1. | | |
| 2. Benefits-insurance | 2. | | |
| 3. Benefits-retirement | 3. | | |
| 4. Benefits-other (describe) | 4. | | |
| 5. Benefits-other (describe) | 5. | | |
| 6. Benefits-other (describe) | 6. | | |
| 7. Car allowance | 7. | | |
| 8. Vehicle provided by government (if reported on your W-2) | 8. | | |
| 9. Per diem | 9. | | |
| 10. Reimbursements | 10. | | |
| 11. Travel | 11. | | |
| 12. Registration fees | 12. | | |
| 13. Conference travel | 13. | | |
| 14. Housing | 14. | | |
| 15. Unvouchered expenses (example: travel advances, etc.) | 15. | | |
| 16. Special meals | 16. | | |
| 17. Other | 17. | | |
| 18. TOTAL (enter total of line 1-17) | 18. | | |

X Please check here if the Agency Head does not receive any compensation, benefits, and other payments. (Act 462 of the 2015 Legislative Session allows nongovernmental entities or not-for-profit (quasi-public) entities to report on the Act 706 schedule only those payments to the agency head that are derived from the public funds.)